ORIG UNITED STATES	SINAL CIVIL RIGHT 42 U.S.	Page 1 of 7 Page S COMPLAINT C. § 1983  PRO SE O	OIE D
Full name of plaint	SCY 88814,00249 tiff/prisoner ID#		
oggingt	Plaintiff,	JURY DEMAND YESNO	
Enter full names of [Make sure those lidentical to those limits and the sure those lidentical to those limits are those limits and the sure those limits are those limits and the sure those limits are the sure those limits are the sure those limits are the sure than the sure that th	isted above are	<b>CV 16</b> 3 KUNTZ, J.	28
	Defendants.		
I. Previous La	awsuits:	LEVY, M.J.	
A.	dealing with the same fac	vsuits in state or federal court ts involved in this action or imprisonment? Yes ( ) No (	
В.	•	lawsuit, describe the additional lawsuits, using the same outline.)	
	1. Parties to this previou	s lawsuit:	
	Plaintiffs:		
	Defendants:		
	2. Court (if federal court if state court, name the		

	4. Name of the Judge to whom case was assigned:
	5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
	6. Approximate date of filing lawsuit:
	7. Approximate date of disposition:
II.	Place of Present Confinement: DQ. 09 HAZENST E. ElmHurst, Ny,
	Λ. Is there a prisoner grievance procedure in this institution? Yes (V) No ( )
	B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ( ) No ( )
	C. If your answer is YES,
	1. What steps did you take?
	2. What was the result?
	D. If your answer is NO, explain why not <u>T'am constantly being</u> told that I filed A grievan (es it would not so nowhere and my stay here on rikers would be hell!
	E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ( ) No ( )
	F. If your answer is YES,
	1. What steps did you take?
	2. What was the result?

I	Parties:
	(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)
	A. Name of plaintiff Tyrone MASSEY Address 09.09 HAZEN ST E. EINHURSTNY11370
	Address 09.09 HAZEN ST E. ElmHurst NY 11370
	(In item B below, place the full name and address of each defendant)
	B. List all defendants' names and the addresses at which each defendant may be served.  Plaintiff must provide the address for each defendant named.
ID.	Deputy Warden Doughs 09.09HAZEN Street E.ElmHurst, N.Y 11370
D	endant No. 2 <u>Captain River A</u> 09.09 Hazen Street E. Elmthurst, N.y 11370
D	Endant No. 3 Correction Al Officer Brown (Female) 69.09 HAZENST E. ElmHurst, N. Y 11370
D	ndant No. 4
D	-ndant No. 5
[]	He sure that the defendants listed above are identical to those listed in the caption on page 1].

## IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional  $8 \frac{1}{2}$  by 11 sheets of paper as necessary.)

December 20, 2015 a + Approximately 11:00 Am At the me I would yell

If you are claiming injuries as a result of the events you are complaining about, IV.A describe your injuries and state what medical treatment you required. Was medical treatment received?

Statement of Claim my shower, As well AS . DO.T medication. J my shower, DOT tron ani TOH AS HOWING AYR shower, DOT medication antion. I Continously are 704 Cutting muse AWARE I (otmuse CAMERAS and verified as incident was recorded an suicide WAtch Sheet written At 11:00 Am and 11:45 Am ADDROXIMATELY: AS WELL AS my releatless

Case 1:16-cv-00328-WFK-RML Document 1 Filed 01/18/16 Page 6 of 7 PageID #: 6 STAtement of claim WAS in my cell hearing soiles experiencing readache pains and problems byear WAS beging more and more enotonally involved scarced, nervous and + live the voice's and DOC STACIAIS ing to 1911 me u indifferent subjecting me to (Ase Juli Cielle how denied medical use reasons bring this Action Agains individual capacity. In violation of thliv Admendment. should be noted that I was denied here services as needed. tially returing to return Anhone however leasts Douglas who usually Complian Ce. giventhat I would recove services Hovever Azter I SAVE Best telli CANT. River a yest te take me out my cell to SpneKAL and send me couldinck me up "and to innatob WAS GOING to FUMATES IN Cept Antagonizing me time you can DEVUTY DOUGLAS HALL NEV 755 Up to whe As can be hycamera and the (Ard" you may be-1'gm Hugh too I Know where you live"

V. Relief:
State what relief you are seeking if you prevail on your complaint.
punitive damages relief in the Amount of
080,050
injunctive relief to providen me my minimum
standards showers medication, medical care and
no I almy me because at full intent or notive
I declare under penalty of perjury that on January 8 20, I delivered this
(Date) \(\frac{1}{2}\) complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.
Signed this 8th day of Gnu Avy, 2016. I declare under penalty of
perjury that the foregoing is true and correct.
1 — V
-ma
Signature of Plaintiff
Name of Prison Facility
09.09 Hazen Street
E. Elmhurst, Ny 11370
Address  VVX/U02749
888/400Z49 Prisoner ID#